

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-23-04.

I. DISPUTE

Whether there should be reimbursement for CPT code 97799CP-CA.

II. FINDINGS

- a. On 9-8-04, the Requestor submitted a letter withdrawing date of service 1-22-04 which was denied with EOB denial "U" and "N."
- b. The insurance carrier did submit a response to the request for medical dispute resolution on 8-11-04.
- c. On 9-8-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

The requestor billed for a chronic pain management program from 12-8-03 through 1-16-04. The insurance carrier denied reimbursement based upon "A – The procedure requires prior authorization; and YA – The treatment rendered exceeds the preauthorized treatment requested and/or approved."

Rule 134.600(h)(10)(B) indicates that chronic pain management/interdisciplinary pain rehabilitation requires preauthorization.

The requestor failed to support position by submitting written preauthorization approval for the chronic pain management program; therefore, no reimbursement is recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code (97799CP-CA).

The above Findings and Decision are hereby issued this 25th day of October 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division